

|   |  |   |  |
|---|--|---|--|
| 1. CIR./DIST./DIV. CODE<br><b>EDNY</b>                            | 2. PERSON REPRESENTED<br><b>DAVID JOHNSON</b>  | VOUCHER NUMBER  |  |
| 3. MAG. DKT./DEF. NUMBER<br><b>08-170 M</b>                       | 4. DIST. DKT./DEF. NUMBER  | 5. APPEALS DKT./DEF. NUMBER   | 6. OTHER DKT. NUMBER                                       |
| 7. IN CASE/MATTER OF (Case Name)<br><b>USA V. CENTENO, ET AL.</b> | 8. PAYMENT CATEGORY<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense<br><input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other<br><input type="checkbox"/> Appeal | 9. TYPE PERSON REPRESENTED<br><input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant<br><input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee<br><input type="checkbox"/> Other | 10. REPRESENTATION TYPE<br>(See Instructions)<br><b>CC</b> |

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

**21 USC 841 (a) AND 846**

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

STEPHEN MAHLER  
125-10 QUEENS BLVD.  
SUITE 3H  
KEW GARDENS, NY 11415  
  
Telephone Number : \_\_\_\_\_

13. COURT ORDER

☒ O Appointing Counsel      ☐ C Co-Counsel  
☐ F Subs For Federal Defender      ☐ R Subs For Retained Attorney  
☐ P Subs For Panel Attorney      ☐ Y Standby Counsel

Prior Attorney's

Appointment Dates: \_\_\_\_\_

☐ Because \_\_\_\_\_ is not  
 satisfied with the appointment of \_\_\_\_\_  
 and wishes to withdraw the appointment of \_\_\_\_\_  
☐ Other \_\_\_\_\_

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

**3/24/08**

Date of Order

**3/24/08**

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

**CLAIM FOR SERVICES AND EXPENSES**

**FOR COURT USE ONLY**

| CATEGORIES (Attach itemization of services with dates)       |  | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|--|--|---------------|----------------------|---------------------------|----------------------------|-------------------|
| In   | a. Arraignment and/or Plea                                     |               |                      |                           |                            |                   |
|  | b. Bail and Detention Hearings                                 |               |                      |                           |                            |                   |
|  | c. Motion Hearings   |               |                      |                           |                            |                   |
|  | d. Trial   |               |                      |                           |                            |                   |
|  | e. Sentencing Hearings   |               |                      |                           |                            |                   |
|  | f. Revocation Hearings   |               |                      |                           |                            |                   |
|  | g. Appeals Court   |               |                      |                           |                            |                   |
|  | h. Other (Specify on additional sheets)                        |               |                      |                           |                            |                   |
| (RATE PER HOUR = \$ ) TOTALS:                                |  |               |                      |                           |                            |                   |
| Out of   | a. Interviews and Conferences                                  |               |                      |                           |                            |                   |
|  | b. Obtaining and reviewing records                             |               |                      |                           |                            |                   |
|  | c. Legal research and brief writing                            |               |                      |                           |                            |                   |
|  | d. Travel time   |               |                      |                           |                            |                   |
|  | e. Investigative and other work (Specify on additional sheets) |               |                      |                           |                            |                   |
| (RATE PER HOUR = \$ ) TOTALS:                                |  |               |                      |                           |                            |                   |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.) |  |               |                      |                           |                            |                   |
| 18. Other Expenses (other than expert, transcripts, etc.)    |  |               |                      |                           |                            |                   |
| <b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>                  |  |               |                      |                           |                            |                   |

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

TO: \_\_\_\_\_

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS

☐ Final Payment

☐ Interim Payment Number \_\_\_\_\_

☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO  
 Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney \_\_\_\_\_

Date \_\_\_\_\_

**APPROVED FOR PAYMENT — COURT USE ONLY**

|   |                        |                     |                    |                            |
|---|------------------------|---------------------|--------------------|----------------------------|
| 23. IN COURT COMP.  | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR./CERT. |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER   |                        |                     | DATE               | 28a. JUDGE/MAG. JUDGE CODE |
| 29. IN COURT COMP.  | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED    |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i> |                        |                     | DATE               | 34a. JUDGE CODE            |